

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND																																																			
Date of Request: <u>4/94</u>		Serial/Patent # <u>08/206,176</u>																																																	
<b>3 Please refund the following fee(s):</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:50%;">Filing</th> <th style="width:20%;">PAPER NUMBER</th> <th style="width:20%;">DATE FILED</th> <th style="width:10%;">AMOUNT</th> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><i>Fee Let</i></td> <td><i>3/3/94</i></td> <td>\$ <i>74.00</i></td> </tr> <tr> <td><input type="checkbox"/> Amendment</td> <td></td> <td></td> <td>\$</td> </tr> <tr> <td><input type="checkbox"/> Extension of Time</td> <td></td> <td></td> <td>\$</td> </tr> <tr> <td><input type="checkbox"/> Notice of Appeal/Appeal</td> <td></td> <td></td> <td>\$</td> </tr> <tr> <td><input type="checkbox"/> Petition</td> <td></td> <td></td> <td>\$</td> </tr> <tr> <td><input type="checkbox"/> Issue</td> <td></td> <td></td> <td>\$</td> </tr> <tr> <td><input type="checkbox"/> Cert of Correction/Terminal Disc.</td> <td></td> <td></td> <td>\$</td> </tr> <tr> <td><input type="checkbox"/> Maintenance</td> <td></td> <td></td> <td>\$</td> </tr> <tr> <td><input type="checkbox"/> Assignment</td> <td></td> <td></td> <td>\$</td> </tr> <tr> <td><input type="checkbox"/> Other</td> <td></td> <td></td> <td>\$</td> </tr> </table>	Filing	PAPER NUMBER	DATE FILED	AMOUNT	<input checked="" type="checkbox"/>	<i>Fee Let</i>	<i>3/3/94</i>	\$ <i>74.00</i>	<input type="checkbox"/> Amendment			\$	<input type="checkbox"/> Extension of Time			\$	<input type="checkbox"/> Notice of Appeal/Appeal			\$	<input type="checkbox"/> Petition			\$	<input type="checkbox"/> Issue			\$	<input type="checkbox"/> Cert of Correction/Terminal Disc.			\$	<input type="checkbox"/> Maintenance			\$	<input type="checkbox"/> Assignment			\$	<input type="checkbox"/> Other			\$	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:70%;"> <b>7 TOTAL AMOUNT OF REFUND</b>  </td> <td style="width:30%;">\$ <i>74.00</i></td> </tr> <tr> <td colspan="2"> <b>8 TO BE REFUNDED BY:</b>  <input type="checkbox"/> Treasury Check  <input checked="" type="checkbox"/> Credit Deposit A/C #: <span style="border: 1px solid black; padding: 2px;">26--0290</span> </td> </tr> </table>			<b>7 TOTAL AMOUNT OF REFUND</b> 	\$ <i>74.00</i>	<b>8 TO BE REFUNDED BY:</b> <input type="checkbox"/> Treasury Check <input checked="" type="checkbox"/> Credit Deposit A/C #: <span style="border: 1px solid black; padding: 2px;">26--0290</span>	
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<b>10 REASON:</b> <input checked="" type="checkbox"/> Overpayment <input type="checkbox"/> Duplicate Payment <input type="checkbox"/> No Fee Due (Explanation):																																																			
<b>11 REFUND REQUESTED BY:</b> <table style="width:100%;"> <tr> <td style="width:50%;">           TYPED/PRINTED NAME: <u>C. Barnes</u>            SIGNATURE: <u>C. Barnes</u>            OFFICE: <u>SPECIAL PROCESS</u> </td> <td style="width:50%;">           TITLE: <u>EX.</u>            PHONE: <u>308-1203</u> </td> </tr> </table>				TYPED/PRINTED NAME: <u>C. Barnes</u> SIGNATURE: <u>C. Barnes</u> OFFICE: <u>SPECIAL PROCESS</u>	TITLE: <u>EX.</u> PHONE: <u>308-1203</u>																																														
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APPROVED: <u><i>[Signature]</i></u>		DATE: <u>10/7/94</u>																																																	

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: